

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 2:11-cv-01461-KJD-PAL

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (j))

This summons for (name of individual and title, if any) _____
 was received by me on (date) _____

☐ I personally served the summons on the individual at (place) _____

on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____

_____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is

designated by law to accept service of process on behalf of (name of organization) _____

on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify):

I mail a copy to One West Bank FSB
888 E. Walnut Street
Pasadena, CA 91101

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date:

9/12/2011


 Server's signature

Martina Y. Hernandez

Printed name and title

7128 Desert Clover Ct. Las Vegas, NV 89129

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		RECIPIENT: COMPLETE THIS SECTION A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee X	
1. Article Addressed to: Indymac Bank F.B.S. / One West Bank 888 E. Walnut Street Pasadena, CA 91101		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery SEP 14 2011
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 0470 0000 9986 8970	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	